Division of Corporations Electronic Filing Cover Sheet ( )

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(((H170002353403)))



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Division of Corporations

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From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (305)675-2811

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P1	w 1-1		
	Address:		

## LLC REGISTERED AGENT RESIGNATION STONE SOURCE INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

H17000235340 3

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

SUPERBIZ REGISTERED AGENT, INC.  Name of Registered Agent  STONE SOURCE INTERNATIONAL, LLC  Name of Limited Liability Company  L12000074008  Document Number, if known  A copy of this resignation was mailed to the above fisted limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unde	ersigned,
Name of Registered Agent  STONE SOURCE INTERNATIONAL, LLC  Name of Limited Liability Company  L12000074008  Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed the signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	SUPERBIZ RE	GISTERED AGENT, INC.	
Name of Limited Liability Company  L12000074008  Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name		Name of Registered Agent	- is r
Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	Registered Agent for	STONE SOURCE INTERNATIONAL,	LLC
Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name			
Document Number, if known  A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name		Name of Limited Liability Company	9
A copy of this resignation was mailed to the above listed limited liability company at its last known address.  The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	L12000074008		~
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed to the signing of the signing Agent  If signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	Document N	umber, if known	
If signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.
If signing on behalf of an entity:  TRACY COTTLE  Typed or Printed Name	The agency is terminate	ed and the office discontinued on the 31st day after	er the date on which this statement is filed.
TRACY COTTLE Typed or Printed Name		Signature of Mesigning Agent	
Typed or Printed Name	If signing on behalf of	an entity:	
		TRACY COTTLE	
MANIACED		Typed or Printed Name	
WANAGER		MANAGER	
Cupacity		Cupacity	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00

Tallahassee, FL 32314

INHS17 (2/14)